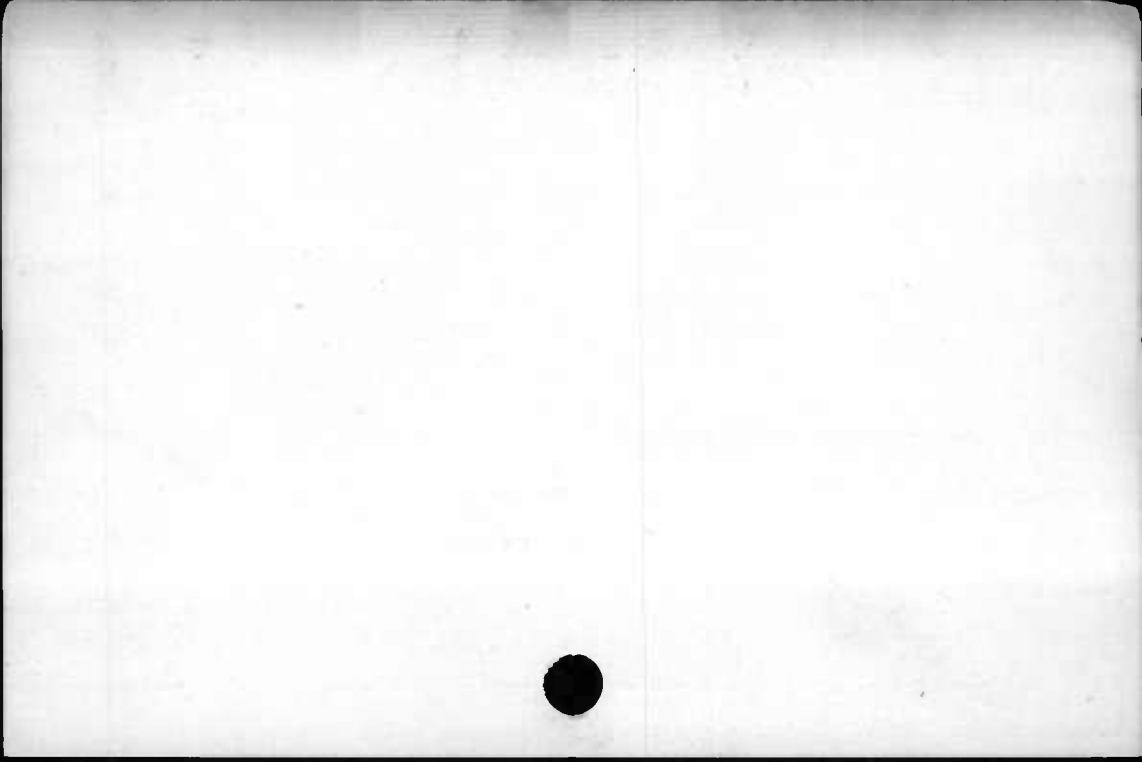


Name in Full		A. Carroll Bailey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Point of Rocks		Frederick		MARYLAND	
		Date of death		Month		Day	
		1906		June		30	
		Age		Years		Months	
		6		6		—	
		Sex		Color or Race		Birth-place	
Male		White		Point Rocks			
Occupation		Where Residing if not at place of death					
None		Point Rocks					
Married, Single or Widowed		Name of Wife or Husband					
Single		—					
Father's Name		Father's Birthplace					
Eddw Emmert Bailey		Md					
Mother's Maiden Name		Mother's Birthplace					
M E. Bailey		11					
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Hydrocephalus		How long	
		Immediate		Heart Failure		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. Watkins Trappnell MD	
				Address		Point Rock Md	
Accident or Suicide?							



Nicholas Baker

Town

County

Died at

Emmitsburg

Month

Day

Y.

M.

D.

Native of

Frederick

MARYLAND

Occupation

Date 1916

June 13<sup>th</sup>

Age 69

German carriage maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

five

Husband

of

Isabella Eckrode

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Accident

166

How long sick

2 years

Death

Immediate

Heart failure

Accident, Suicide, Homicide

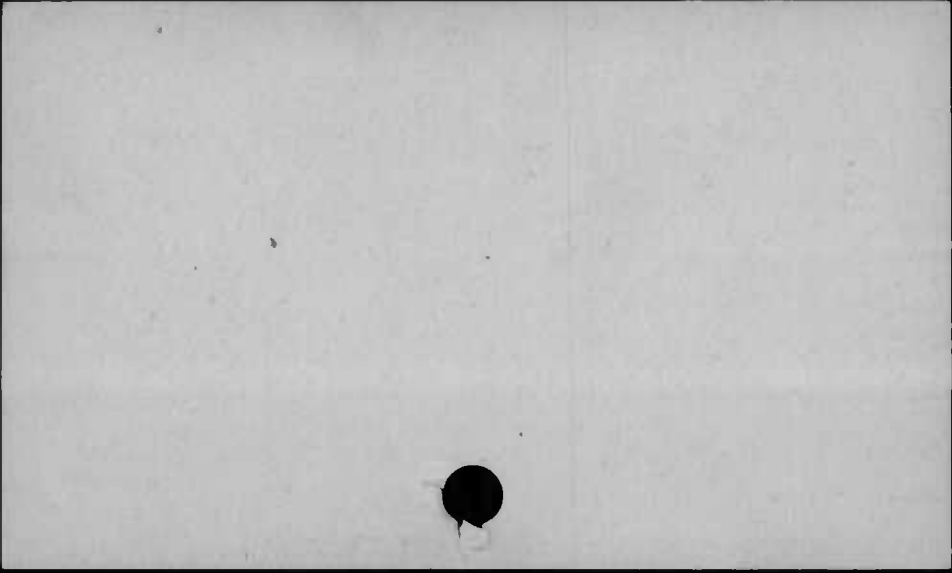
Reported by

Robert L. Arman

Address

Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Clyde Barkman

## CERTIFICATE OF DEATH

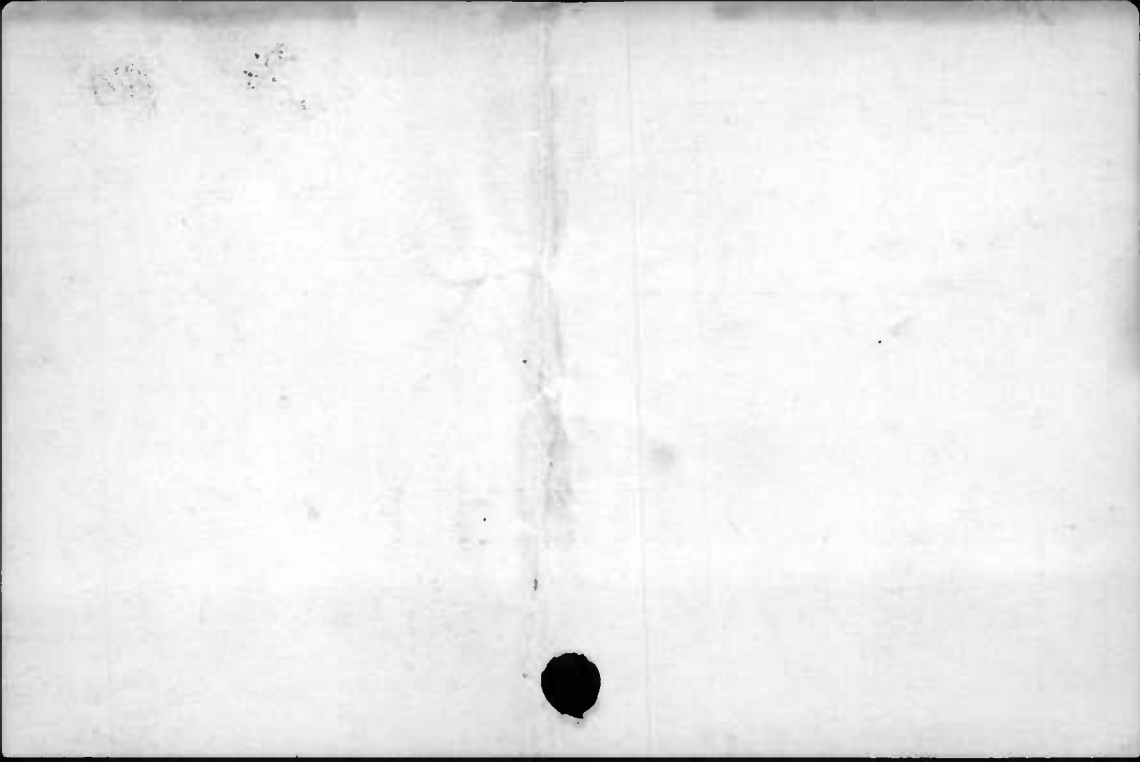
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wolfsville</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	June	Day	29 <sup>th</sup>
Age		Six		Months	
Sex		boy		Color or <del>Race</del>	
Occupation		farmer		Birth-place	
Where Residing if not at place of death		Wolfsville		Pleasant Valley	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		David E. Barkman		Fether's Birthplace	
Mother's Maiden Name		Pettie M. Harshman		Mother's Birthplace	
Name of person giving information		father		How related to deceased	
				<del>son</del>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spina Bifida	How long	150	six months
Immediate	rupture of sack	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		J. L. Mosiee Smithsburg Maryland		



Name  
in  
Full

Mrs Wm. Barthalow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>"</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>13</i>	Age <i>50</i>	Months <i>4</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>X</i>				
Married, <del>Single</del> <i>Widowed</i>	Name of <del>Wife</del> or Husband <i>Wm. Barthalow</i>				
Father's Name <i>E. A. C. Fox</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Catherine Gladhill</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Calvin Fox</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 days</i>
Immediate <i>Apoplexy - Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Goodell M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>No.</i>	





Name  
in  
Full

Madaline G. Booth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Brunswick*

Town

*Fredenck*

County

MARYLAND

Date of death *1906 June*

Month

Day *8*Age *22*

Years

Months

Days *22*Sex *Female*Color or  
Race*White*Birth-  
place*MD*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Charles A. Booth*Father's  
Birthplace*MD*Mother's  
Maiden Name*Grace Thompson*Mother's  
Birthplace*MD*Name of person giving  
information*Charles Booth*How related  
to deceased*Shatter*

## CAUSES OF DEATH

Primary

*Indigestion from eating Chum*

How long

Immediate

*Convulsions*

How long

*3 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Lein Trust**Brunswick**Fredenck Co*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Knobville Md

Name  
in  
Full

## CERTIFICATE OF DEATH

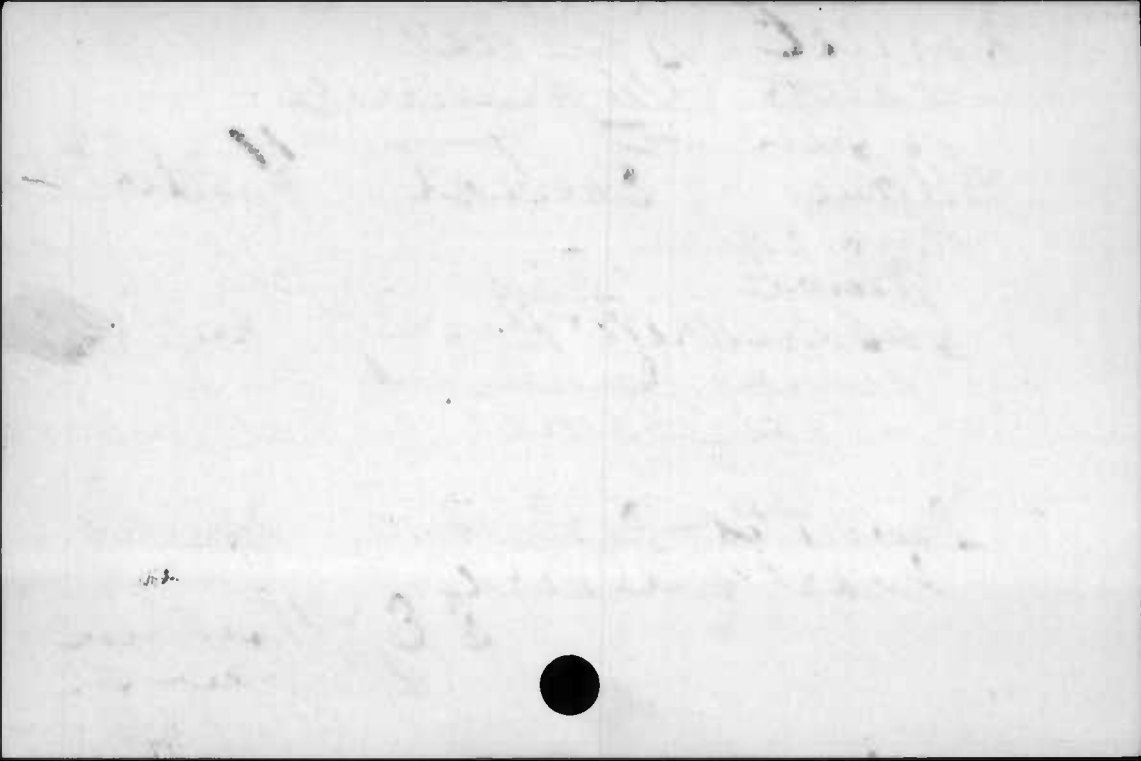
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Burrill Bowie		Town		County		MARYLAND	
Died at		Centerville		Frederick					
Date of death		1906		Month		Day		Age	
		Jun		14 <sup>th</sup>		7		Years	
Sex		Male		Color or Race		Colored		Birth-place	
Occupation				Where Residing If not at place of death				Frederick	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Jos. Andrew Bowie		Father's Birthplace		Md. Co.			
Mother's Maiden Name		Francis Hammond		Mother's Birthplace		Va.			
Name of person giving information		Jos. Bowie		How related to deceased		Grandfather			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Pleuritis & Pericarditis		How long		6 weeks -	
Immediate		Heart failure		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. E. Mullins			
		Address		Frederick			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

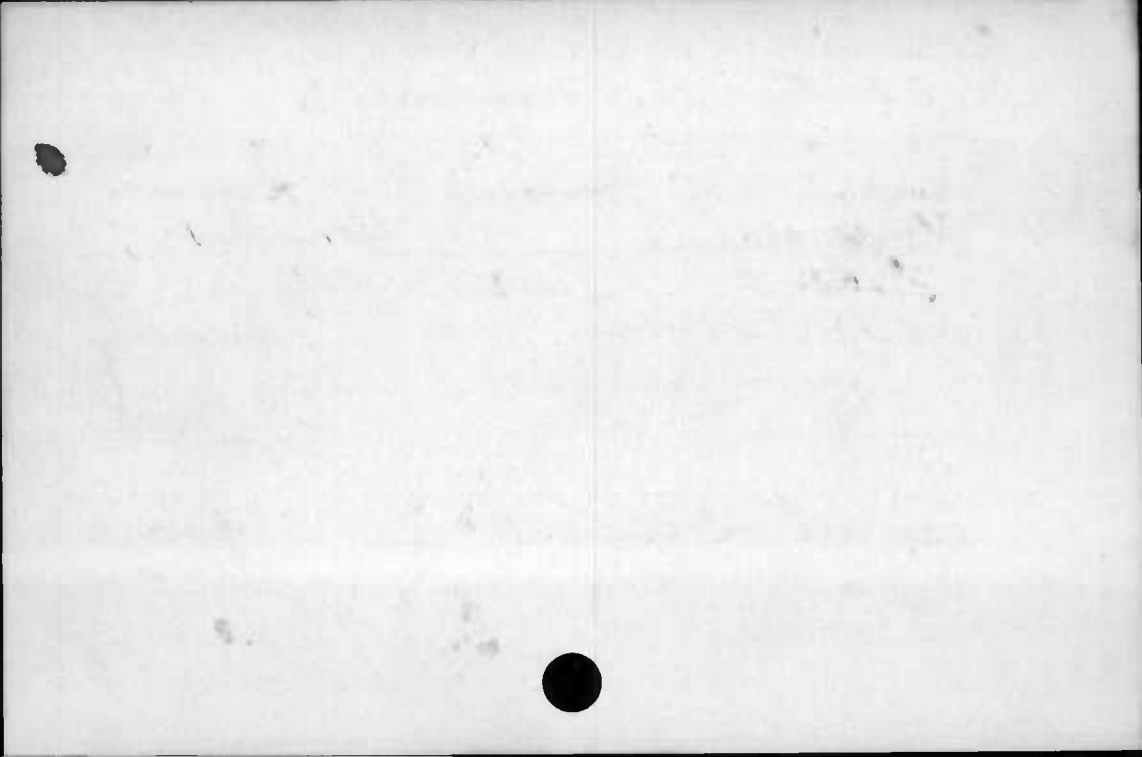
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		County		MARYLAND		
Date of death		Month	Day	Years	Months	Days
1906		Jun	14	Age 74		
Sex	Female	Color or Race	colored	Birth-place	Frederick Co	
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband			
Jeremiah Chase						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

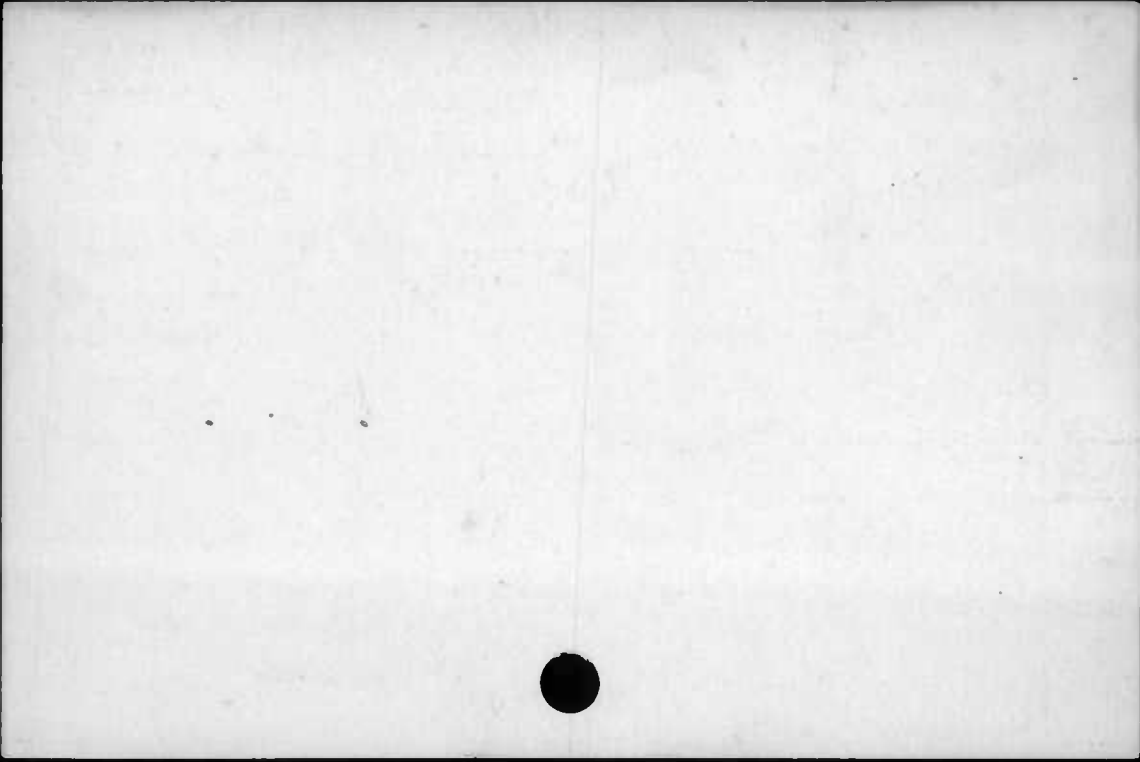
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	years
Immediate	Asphy.	How long	months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. E. Helling	
		Address	
		2200 N. 1st St.	
Accident or Suicide?		M.D.	

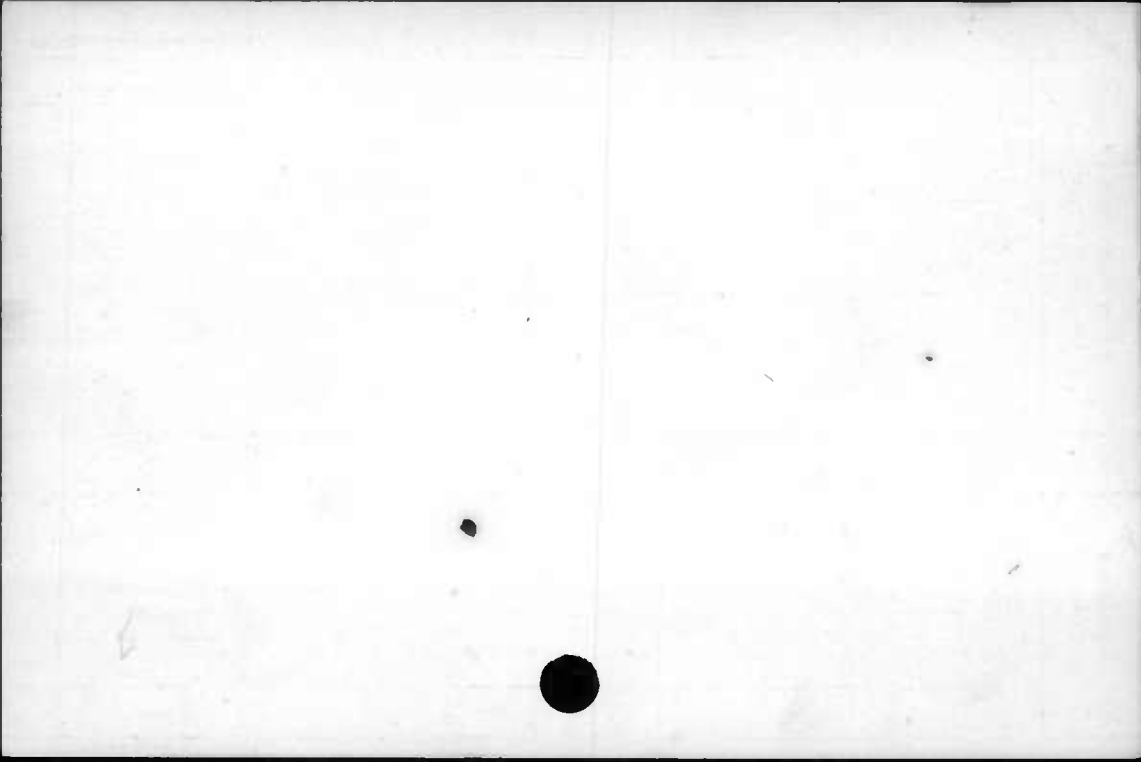


Name in Full <b>Wm C. Diller</b>		Town <b>Frederick</b>		County <b>Frederick</b>		MAYLAND	
Died at <b>Frederick</b>		Month <b>6</b>		Day <b>22</b>		Years <b>17</b>	
Date of death <b>1906</b>		Months <b>9</b>		Days <b>9</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Frederick Co. Md</b>			
Occupation <b>Student</b>		Where Residing if not at place of death <b>Detour Frederick Co. Md</b>					
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Dr Chas H Diller</b>		Father's Birthplace <b>Frederick Co. Md</b>					
Mother's Maiden Name <b>Anna V Saylor</b>		Mother's Birthplace <b>u a r</b>					
Name of person giving information <b>Dr Chas H Diller</b>		How related to deceased <b>Father</b>					
CAUSES OF DEATH							
Primary <b>Appendicitis</b>		How long <b>3 days</b>					
Immediate <b>Peritonitis</b>		How long <b>5 days</b>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>T B Johnson</b>		Address <b>Frederick Md.</b>			
Accident or Suicide?							





Name in Full <i>Larry B. Downy</i>		No. <i>17</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mar No. 4 B. &amp; O. R. R.</i>		Town <i>Indiantown</i>		County
	Date of death <i>1906</i>		Month <i>6</i>	Day <i>3</i>	Years <i>3</i>
	Sex <i>Female</i>		Color or Race <i>Black</i>		Months <i>X</i>
	Occupation		Where Residing if not at place of death		Days <i>X</i>
	Married, Single or Widowed		Name of Wife or Husband <i>Jennie Downy</i>		Birthplace <i>No 4 B &amp; O. R. R.</i>
	Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>		
	Mother's Maiden Name <i>Jennie Downy</i>		Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Benjamin Brown</i>		How related to deceased <i>" "</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>chronic bronch</i>		How long <i>2 days</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>no physician in attendance</i>		
			Address		
	Accident or Suicide? <i>_____</i>				



Name  
in  
Full

Suey Francis Dove

## CERTIFICATE OF DEATH

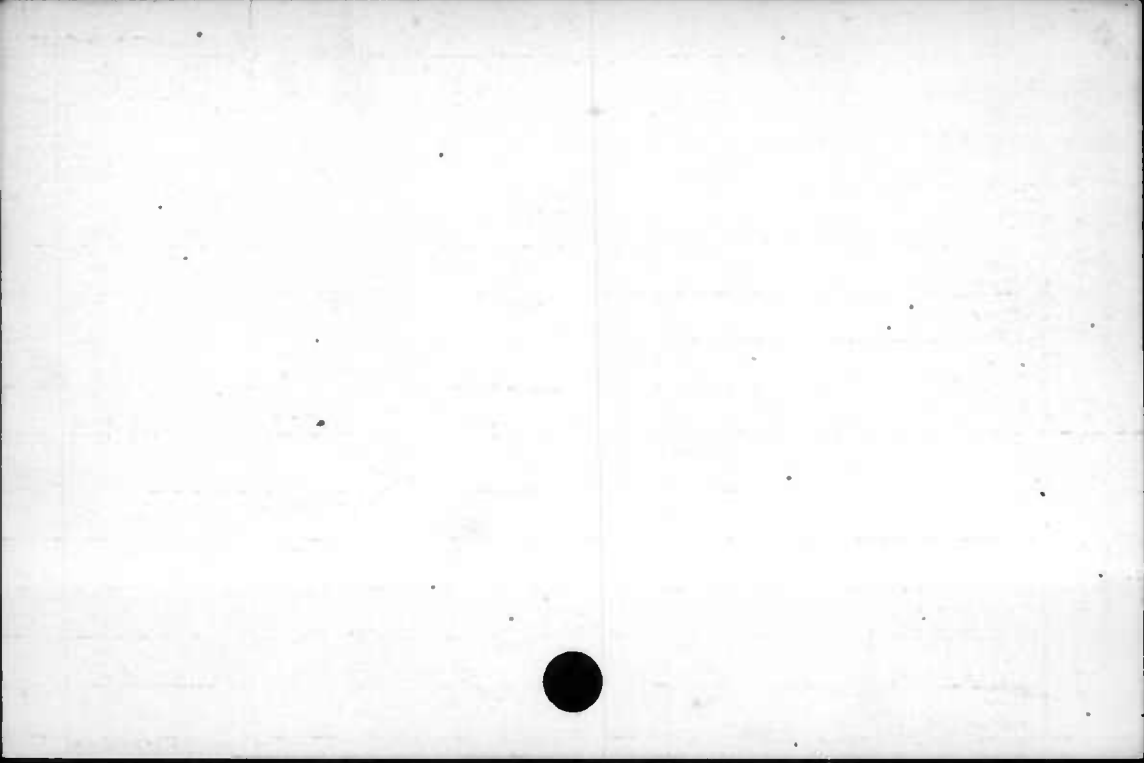
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1906	Month June	Day 11	Age 1	Years	Months 3	Days 10
Sex	Female		Color or Race	white		Birth-place	Va
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John S. Dove					Father's Birthplace	Va
Mother's Maiden Name	Ady C.					Mother's Birthplace	Va
Name of person giving information	John S. Dove					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis		How long	11 days
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	A. J. Horne
			Address	Brunswick Md
Accident or Suicide?	no			



Name  
in  
Full

## CERTIFICATE OF DEATH

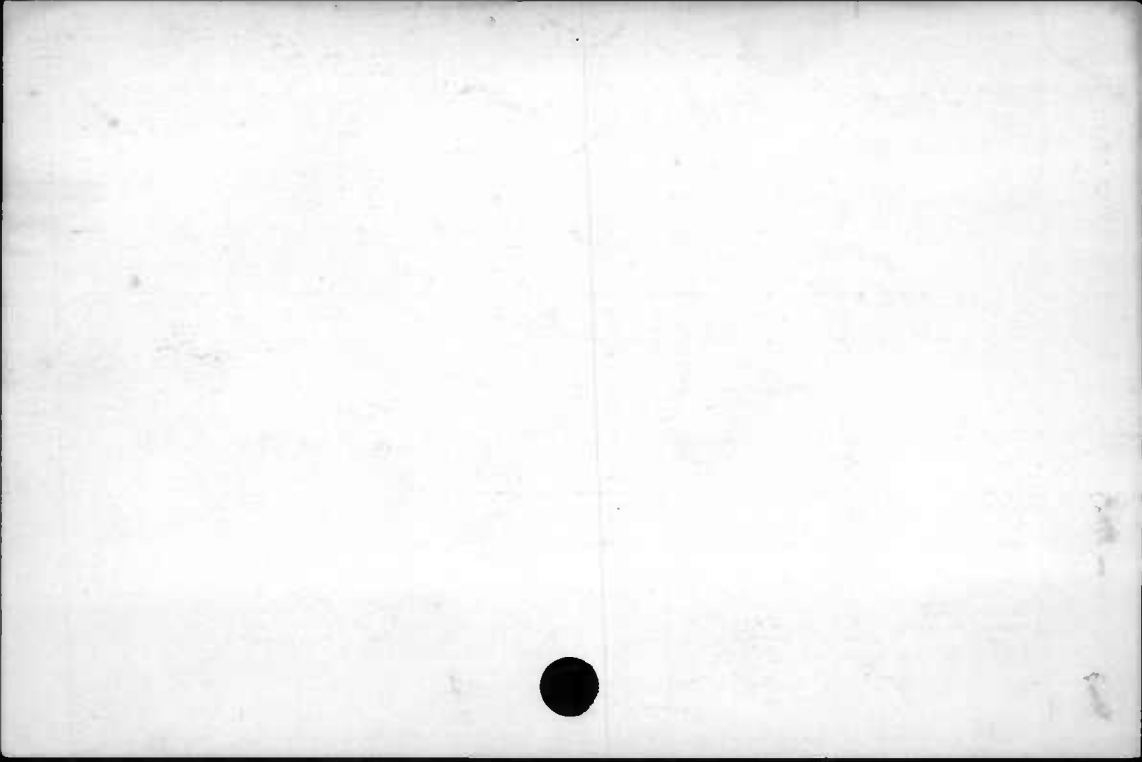
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>June</i> <sup>Month</sup> <i>26</i> <sup>Day</sup>	Age <i>15</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup> <i>28</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Burkittsville</i>	
Occupation <i>House Servant</i>	Where Residing if not at place of death <i>near Burkittsville</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>James Henson Evans</i>	Father's Birthplace <i>glen Co. Md. Pleasant Mt.</i>		
Mother's Maiden Name <i>Sarah Ellen Cartnail</i>	Mother's Birthplace <i>Middletown</i>		
Name of person giving information <i>J. Henson Evans</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN,  
OR CORONER

Primary <i>Gyphoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Nephritis</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Geo. Youder</i>
	Address <i>Burkittsville</i>
	<i>Maryland</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary M. Eyles</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Thurmont</i>		Date of death <i>1906</i>		Month <i>June</i>		Day <i>25</i>	
Age <i>68</i>		Years <i>68</i>		Months <i>1</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Here</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joseph Eyles</i>					
Father's Name <i>Daniel Milhite</i>		Father's Birthplace <i>Here</i>					
Mother's Maiden Name <i>Elizabeth Mosen</i>		Mother's Birthplace <i>Here</i>					
Name of person giving information <i>Chas. Eyles</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease &amp; Heart Disease</i>		How long <i>3 years</i>	
Immediate <i>Uremic Poisoning</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Kipavon</i>	
		Address <i>Thurmont - Ind</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs Susan Forbes* Town *Petersville* County *Fredrich* MARYLAND

Died at *Petersville*

Date of death 190 *6* Month *6* Day *20* Age *77* Years Months *2* Days *19*

Sex *Female* Color or Race *White* Birth-place *Fredrich*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband \_\_\_\_\_

Father's Name *Isaac Hornely*

Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Sarah Sears*

Mother's Birthplace \_\_\_\_\_

Name of person giving information *H W Higdon*

How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary *General debility*

How long \_\_\_\_\_

Immediate \_\_\_\_\_

How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James Claxton*

Address *Petersville*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Ida B Gallagher

## CERTIFICATE OF DEATH

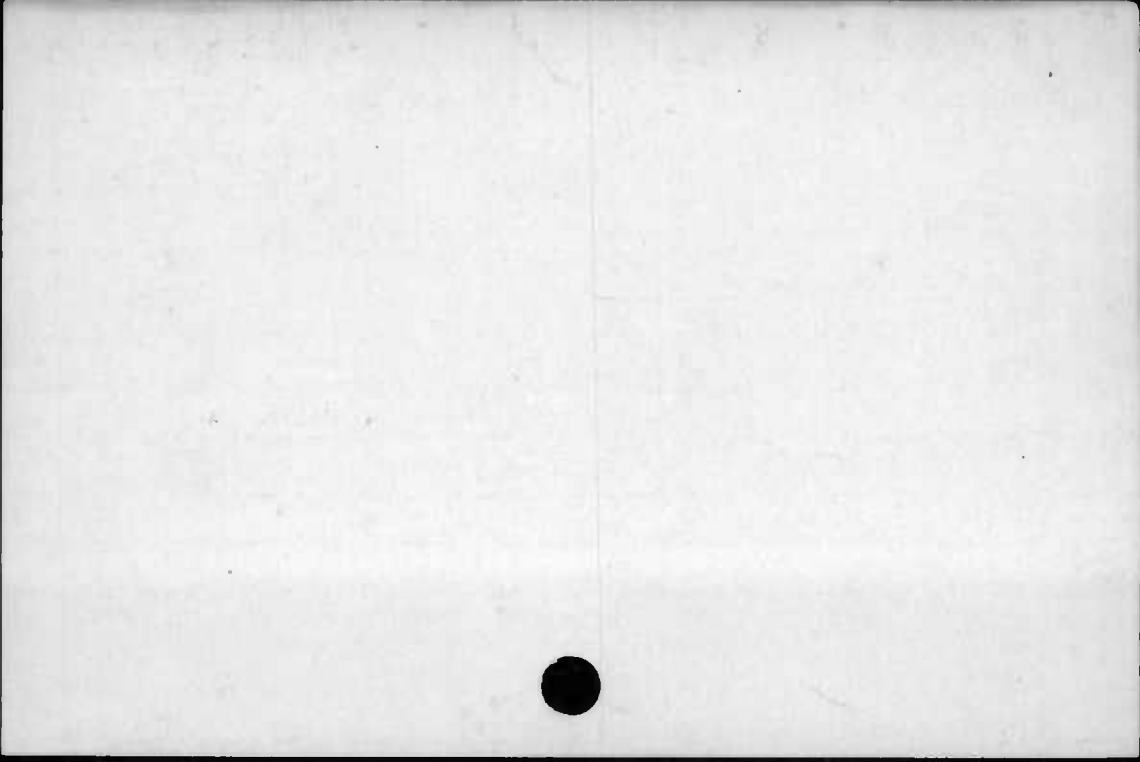
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredens</u> <small>Town</small>		<u>Fred</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>June</u> <small>Day</small> <u>29<sup>th</sup></u>		Age <u>61</u> <small>Years</small>		Months <u>    </u> Days <u>    </u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fredens City</u>			
Occupation <u>Music teacher</u>		Where Residing if not at place of death <u>Fred. Md</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>    </u>				
Father's Name <u>James A Gallagher</u>		Father's Birthplace <u>    </u>			
Mother's Maiden Name <u>Eliza Bauman</u>		Mother's Birthplace <u>    </u>			
Name of person giving information <u>Sister</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Uterine Fibroma</u>	How long <u>129</u> <u>15 mins</u>
Immediate <u>Em sanguination</u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Saburck</u>
	Address <u>23 E Third St</u>
Accident or Suicide? <u>neither</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

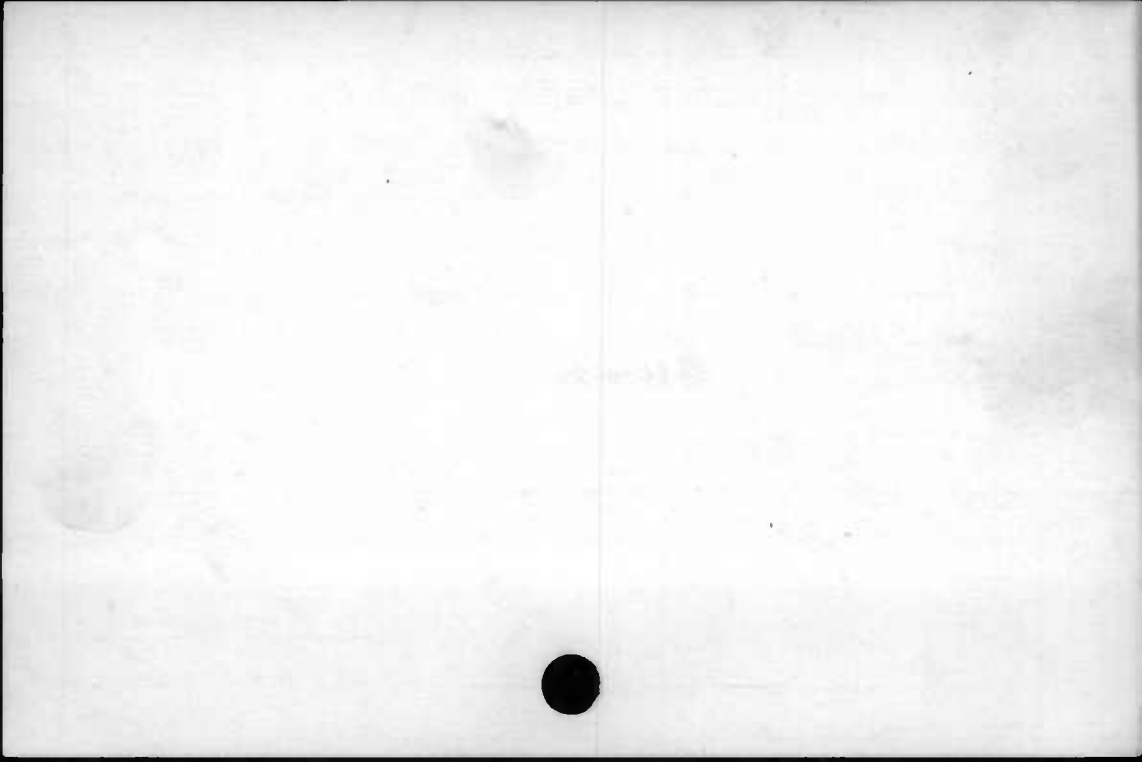
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>George Matthews Gant</b>		Town <b>Adamstown</b>		County <b>Frederick</b>		MARYLAND			
Died at		Date of death		Age		Month		Days	
		<b>1906 June 2<sup>nd</sup></b>		<b>one</b>		<b>one</b>		<b>three</b>	
Sex		Color or Race		Birth-place					
<b>male</b>		<b>colored</b>		<b>County</b>					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
<b>single</b>									
Father's Name		Father's Birthplace							
<b>Robert Gant.</b>		<b>Fred. L. Co.</b>							
Mother's Maiden Name		Mother's Birthplace							
<b>Zola Swann</b>		<b>Fred. L. Co.</b>							
Name of person giving information		How related to deceased							
<b>Lotta Trummer</b>		<b>Grandmother</b>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>cold and exposure</b>	How long	<b>93</b>
Immediate	<b>Pneumonia</b>	How long	<b>four days</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>yes</b>		<b>J. L. Thomas</b>	
		Address	
		<b>Adamstown, Md.</b>	
Accident or Suicide?			



Name  
in  
Full

Tilghman F. Gaven

## CERTIFICATE OF DEATH

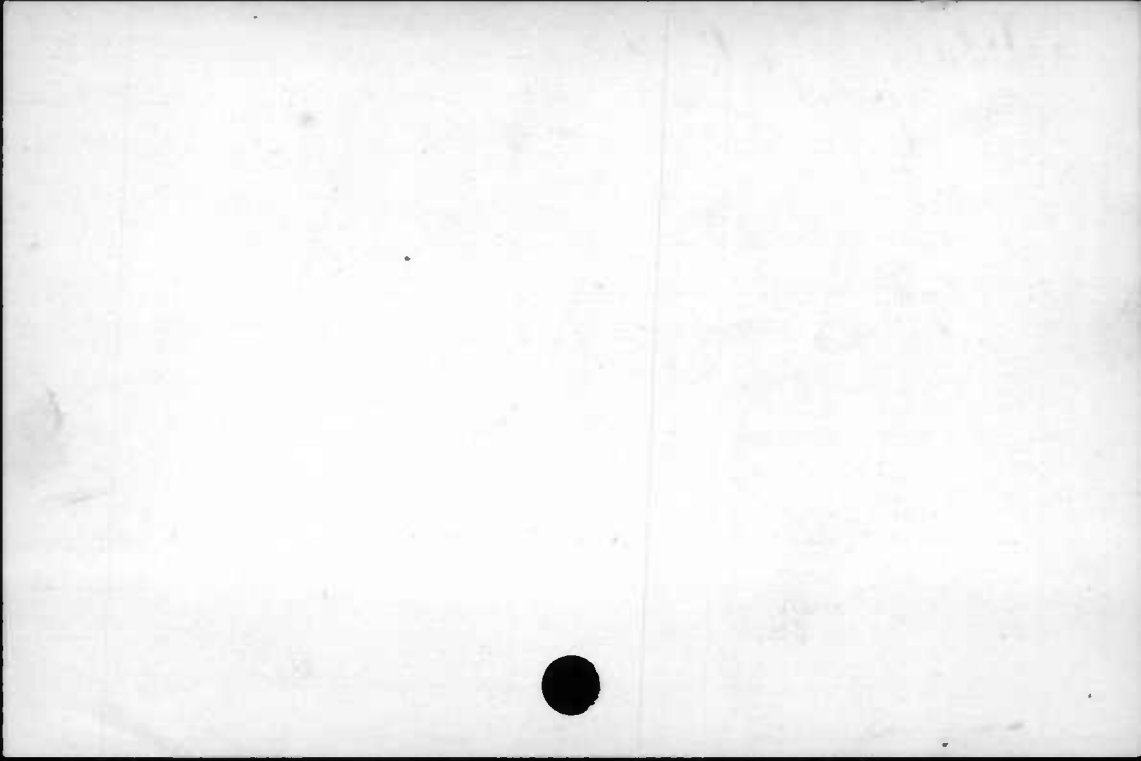
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Middletown		<sup>County</sup> Frederick		MARYLAND	
Date of death 1906		Month June		Day 10	
Sex Male		Color or Race White		Age 79	
Occupation School teacher (retired)		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name Daniel Gaven		Father's Birthplace			
Mother's Maiden Name Elizabeth Morris		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

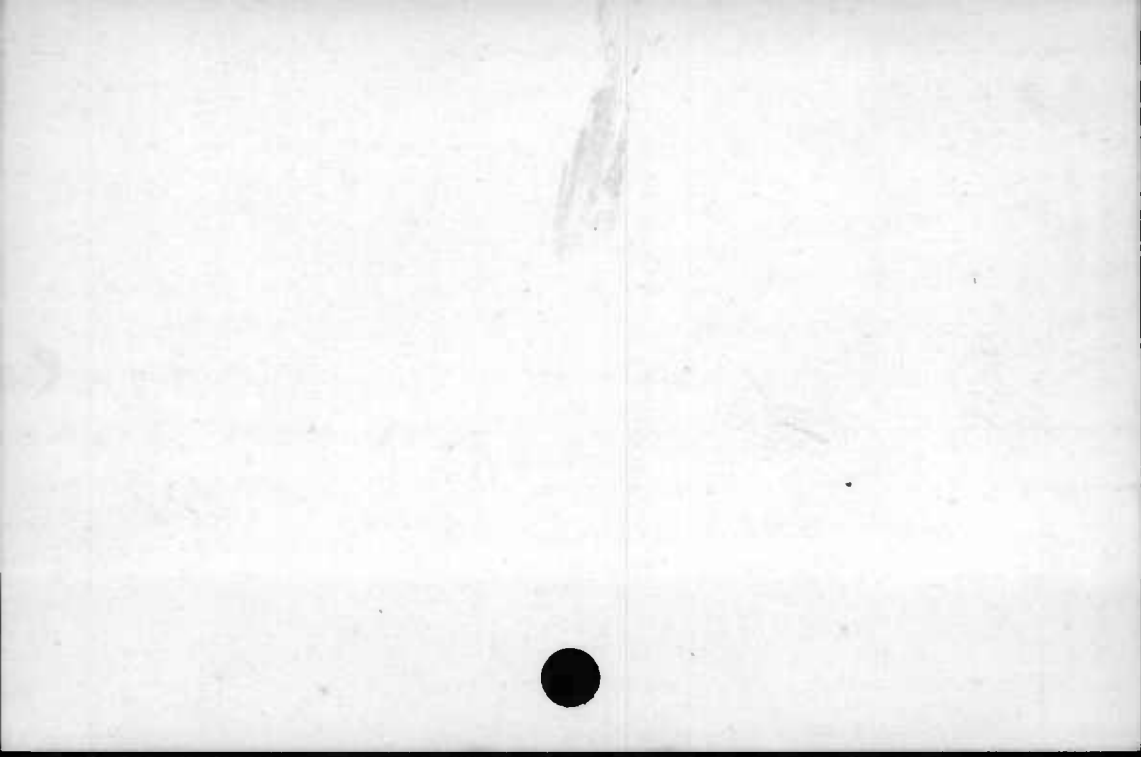
PHYSICIAN  
OR CORONER

Primary	Gastro intestinal inflammation	How long	unknown
Immediate	Colapser	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. L. Beckley	
Yes		Address Middletown	
		Ind	
<del>Did not commit suicide?</del>			





Name In Full		John O. Gilbert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Frederick		County Frederick		MARYLAND		
		Date of death	1906	Month June	Day 19	Age Years 64	Months	Days
		Sex male	Color or Race white		Birth- place Frederick, Md			
		Occupation Painter			Where Residing if not at place of death			
		Married, Single or Widowed	Widower		Name of Wife or Husband			
		Father's Name	Geo. A. Gilbert			Father's Birthplace Frederick, Md		
		Mother's Maiden Name	Mary Nusz			Mother's Birthplace Frederick, Md		
Name of person giving In formation		Wm. H. Gilbert			How related to deceased Son			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Cerebral Apoplexy - (Fall from ladder)				How long Ten days		
		Immediate Asthemia				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				J. O. Kendrick M.D.		
		Address				Frederick, Md.		
Accident or Suicide?								



Name  
in  
Full

Roland E Green

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Brimm

Franklin

Date

1906 Jun

Month

Day

15

Age

Years

Months

Days

24

Sex

Male

Color or  
Race

white

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William Green

Father's  
Birthplace

Md

Mother's  
Maiden Name

Clara Barnard

Mother's  
Birthplace

Md

Name of person giving  
In formation

William Green

How related  
to deceased

Father

## CAUSES OF DEATH

150

Primary

non closure of foramin of Ballo

How long

2 1/2 day

Immediate

Convulsions

How long

2 days

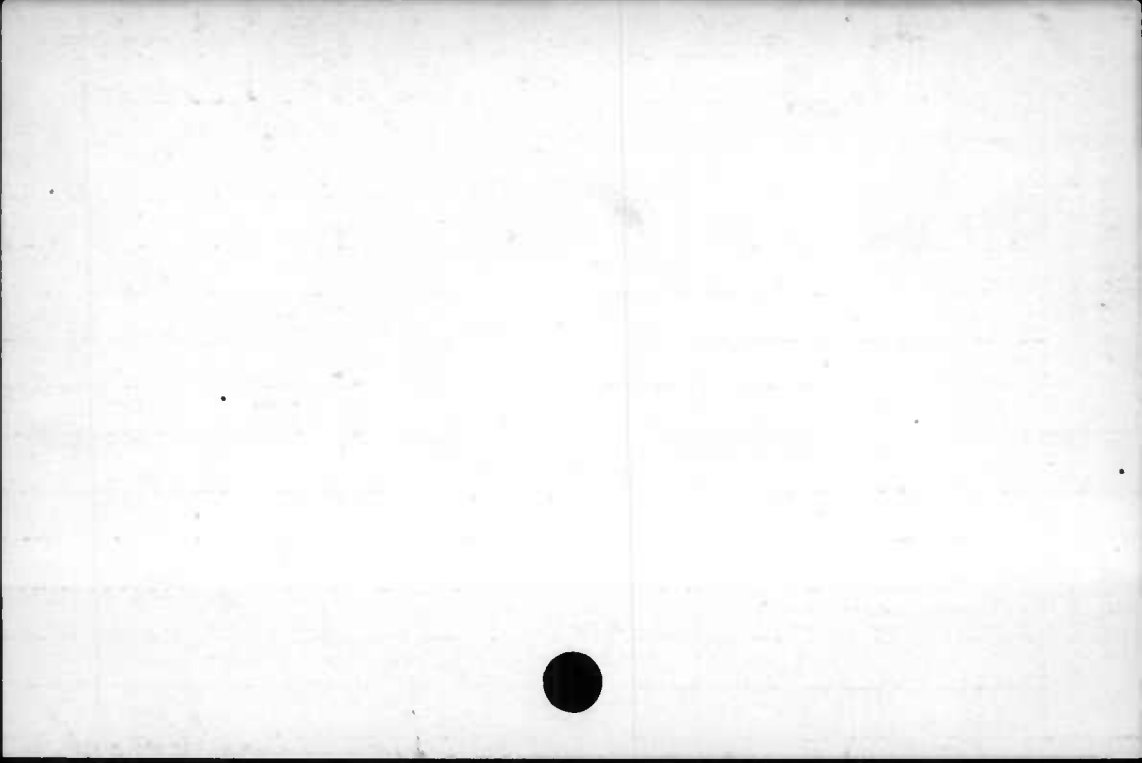
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

A. J. Horne  
Brimm  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Walkersville</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Walkersville</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Mattie Perry Gregory</i>				
Father's Name <i>H. E. Gregory</i>			Father's Birthplace				
Mother's Maiden Name <i>Mattie Perry</i>			Mother's Birthplace				
Name of person giving information <i>J. S. Perry</i>			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stille Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. T. E. R. MILLER</i>
<i>Yes</i>	Address <i>Frederick, MD.</i>
Accident or Suicide?	<i>J. S. Perry</i> <i>Under taker</i>



Name  
in  
Full

Russ Grimes

## CERTIFICATE OF DEATH

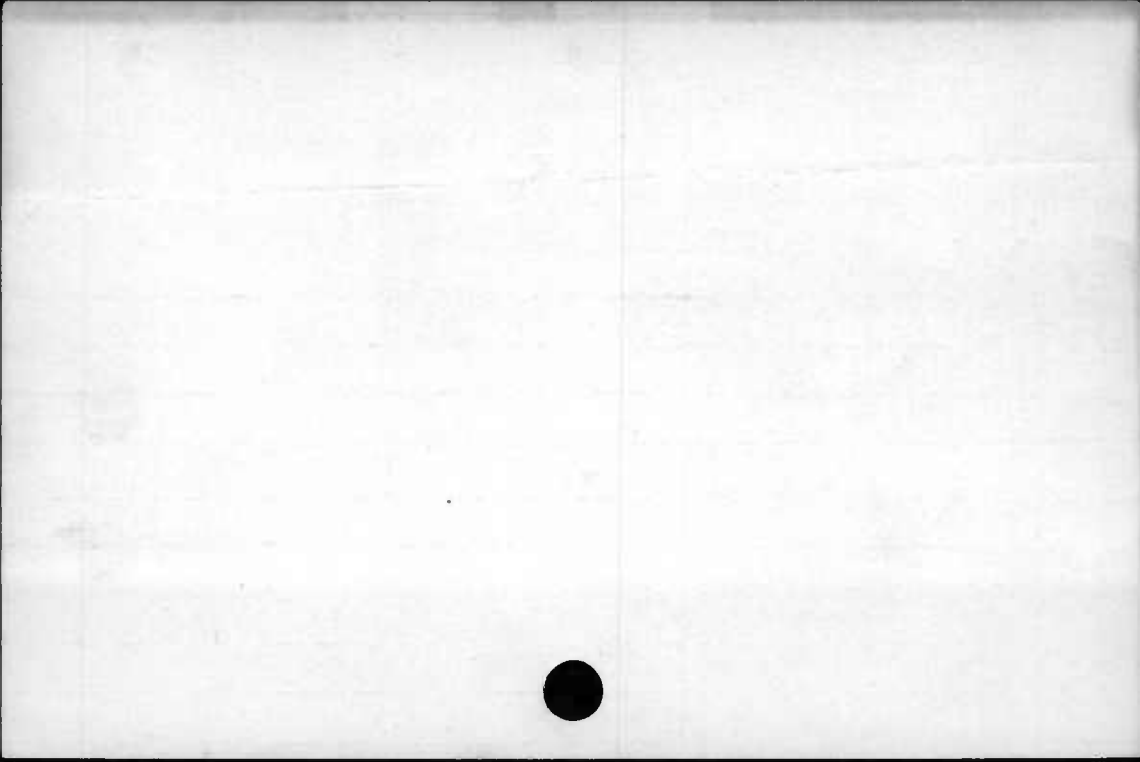
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Quincyville</i>		County <i>Indenich Co</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>6</i>	Age <i>22</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Indenich Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Clinton Grimes</i>			Father's Birthplace <i>Indenich Co</i>		
Mother's Maiden Name <i>Mary M Rameburg</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mary M Grimes</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

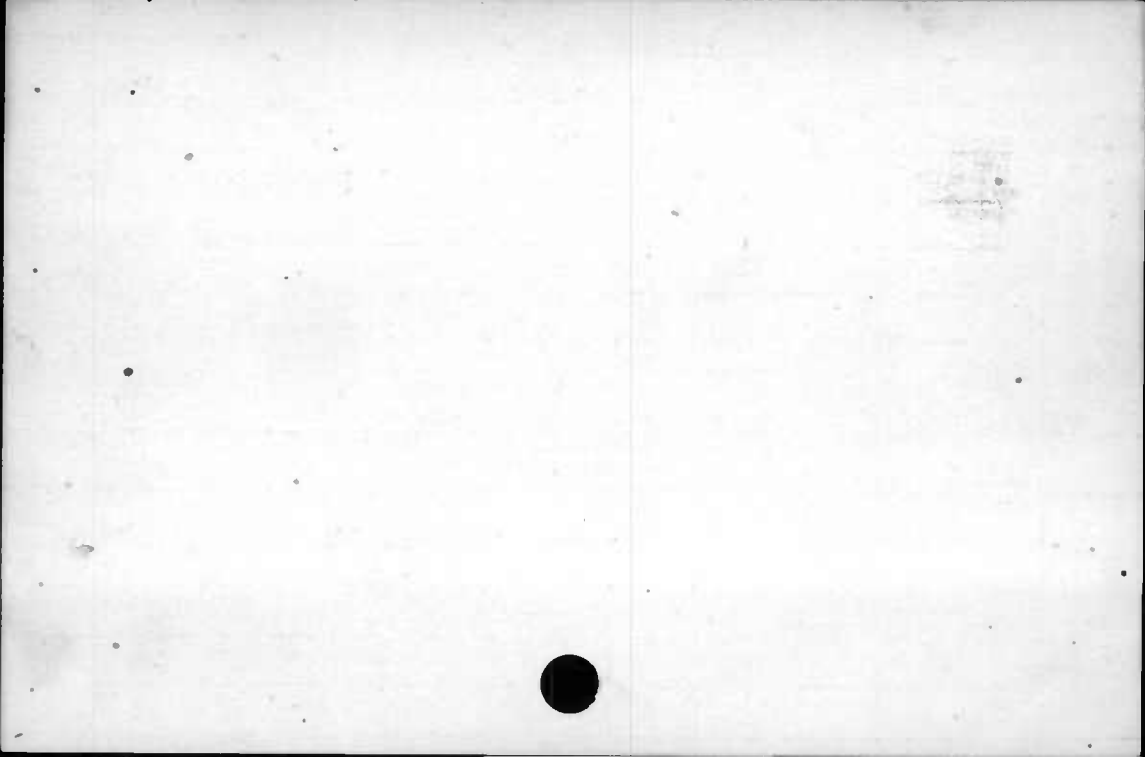
PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i> <b>(116)</b>	How long <i>36 hours.</i>
Immediate <i>Peritonitis</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. R. Conley</i>
	Address <i>Adams St. Mead</i>
Accident or Suicide?	





Name in Full		Howard H. Hopkins No. 18				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> New Market		<sup>County</sup> Frederick		MARYLAND			
		Date of death	1906	Month	June	Day	26	Age	58
						Years	58	Months	4
								Days	24
		Sex	male		Color or Race	white		Birth-place	Baltimore
		Occupation	Physician			Where Residing if not at place of death			—
		Married, Single or Widowed	married		Name of Wife or <del>Husband</del>	Margaret M. Hopkins			
		Father's Name	Howard H. Hopkins				Father's Birthplace	Pa	
		Mother's Maiden Name	Mary McConkey				Mother's Birthplace	Balto, Md	
		Name of person giving information	Howard H. Hopkins Jr				How related to deceased	son	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Pulmonary Tuberculosis				How long	14 years.	
		Immediate					How long		
		Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		Howard H. Hopkins Jr.		
		Address	New Market,						
		Accident or Suicide?	no		Freix Co.		Md.		



Name in Full		David H. Lampert -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Utica</i> Town			<i>Dorchester</i> County		MARYLAND	
	Date of death <i>1906</i>		Month <i>June</i>	Day <i>13</i>	Years <i>65</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		
	Occupation <i>Farmer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sallie Brady</i>				
	Father's Name <i>Lampert -</i>		Father's Birthplace <i>Ind</i>				
	Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Ind</i>				
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Valvular Dis Heart -</i>				How long <i>2 yrs</i>		
	Immediate <i>Heart Failure</i>				How long <i>instant</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. E. Miller</i>		
					Address		
	Accident or Suicide?						



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montev Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>6</i>	Age <i>24</i>	Years <i>+</i>	Months <i>+</i>	Days <i>+</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>				
Occupation <i>Labon</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>X</i>				
Father's Name				Father's Birthplace <i>X</i>			
Mother's Maiden Name				Mother's Birthplace <i>X</i>			
Name of person giving information <i>Miss Shock, Nurse</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sarcoma</i>	How long <i>4 Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth M<sup>a</sup> Bride  
 Died at <sup>Town</sup> Mt. St. Marys <sup>County</sup> Frederick

MARYLAND

Date of death 1906 <sup>Month</sup> June <sup>Day</sup> 27 <sup>Age</sup> 73 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Ireland

Occupation Housewife <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Widow <sup>Name of Wife or Husband</sup> Widow of James M<sup>a</sup> Bride

Father's Name Matthew Sheering <sup>Father's Birthplace</sup> Ireland

Mother's Maiden Name Mary Langdon <sup>Mother's Birthplace</sup>

Name of person giving information James M<sup>a</sup> Bride <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

Primary Dropsy <sup>How long</sup> 3 1/2 years

Immediate Dropsy <sup>How long</sup> 3 1/2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. K. Schelbenger

Address Emmitsburg Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Clara M. McCracken

## CERTIFICATE OF DEATH

Died at Frederick Town Frederick County MARYLAND

Date of death 1906 Month 6 Day 11 Age 1 Years 0 Months 25 Days

Sex Female Color or Race White Birth-place City

Occupation \_\_\_\_\_ Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Wm W. McCracken Father's Birthplace F. Geo. Md

Mother's Maiden Name Laura Staub Mother's Birthplace " " "

Name of person giving information Mrs McCracken How related to deceased Mother

## CAUSES OF DEATH

Primary Enteritis How long 24 hours

Immediate infection How long 2 hours

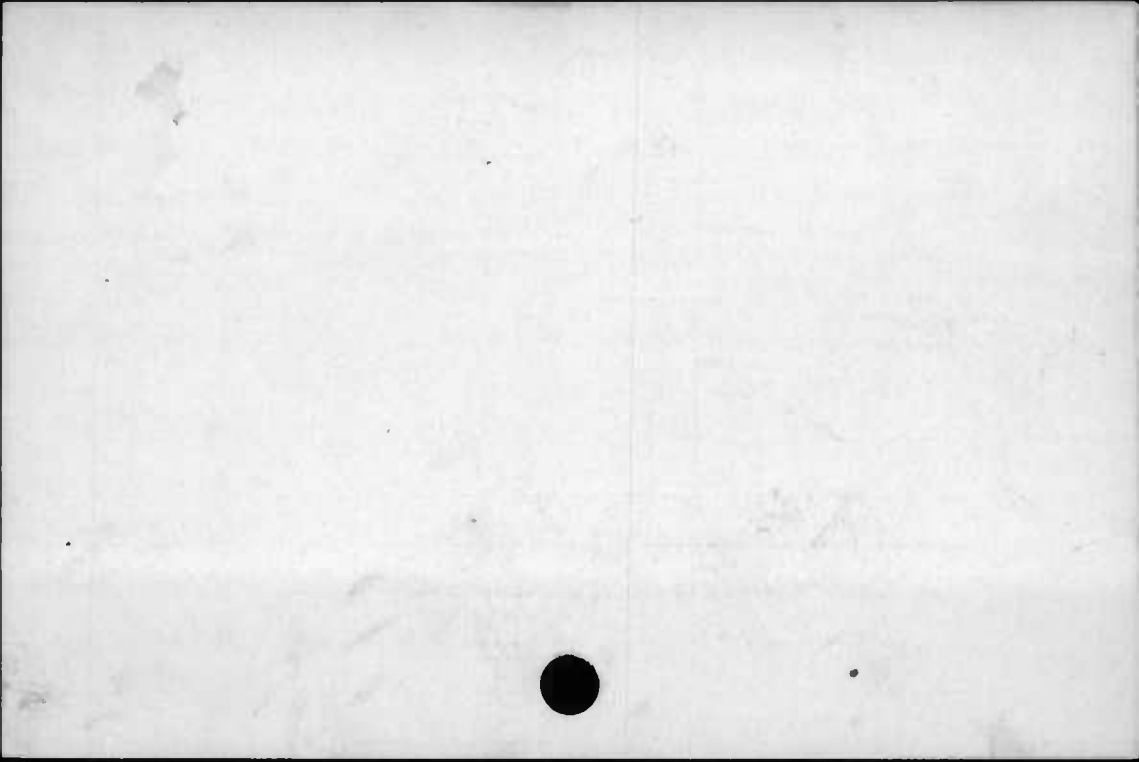
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Frank Hedges  
Frederick

Accident or Suicide? \_\_\_\_\_TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lucy Co. Main

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>6</i>	Day <i>26</i>	Age <i>15</i>	Years	Months <i>8</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>F. Co. Md.</i>				
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Rockey Springs F. Co. Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mr. Franklin Main</i>		Father's Birthplace <i>F. Co. Md.</i>					
Mother's Maiden Name <i>Mary Martz</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mr. F. Main</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Peritonitis; Hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedger</i>
	Address <i>Fredericks</i>
Accident or Suicide? <i>—</i>	

Interment at Rocky Springs

" June 28 - '06

Thomas P. Rice

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Petersville* Town*Frederick* CountyDate of death *1906* Month *June* Day *27*Age *86* Years

Months

Days

Sex *male*Color or  
Race*white*Birth-  
placeOccupation *Retail merchant*Where Residing if not  
at place of deathMarried, Single  
or Widowed*married*Name of Wife or  
Husband*Ann J. Meek*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*old age*

How long

Immediate

*Cystitis. Enlarged Prostate etc*

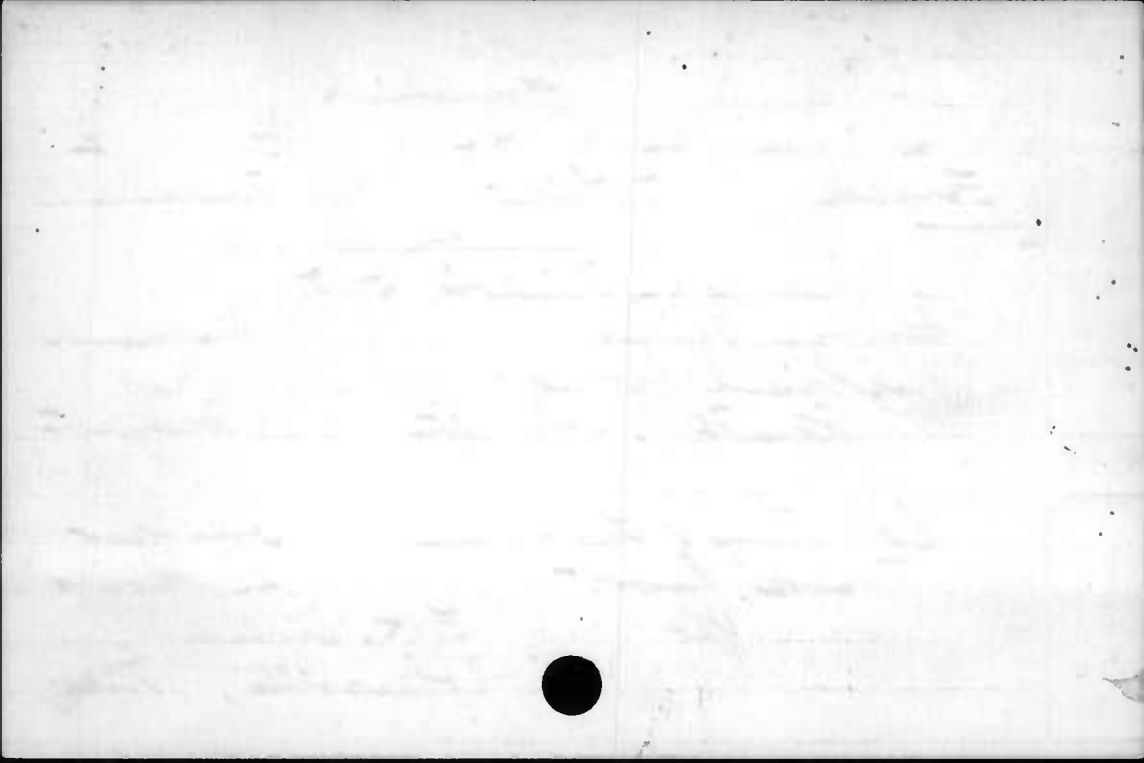
How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Levin Hunt**Brunswick**Frederick County*

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Johnsville</u> Town		County <u>Frederick</u>	
		Date of death 190 <u>6</u> Month <u>June</u> Day <u>24</u> Years <u>84</u> Months <u>7</u> Days <u>2</u>		MARYLAND	
		Sex <u>Female</u> Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
		<del>Married, Single</del> <input checked="" type="checkbox"/> Widowed		Occupation <u>Housewife</u>	
		Name of Wife or Husband <u>James H. Nichols D.D.</u>			
		Father's Name <u>George Riner</u>		Father's Birthplace <u>Maryland</u>	
		Mother's Maiden Name <u>Abigail Jones</u>		Mother's Birthplace <u>"</u>	
		Name of person giving Information <u>Mrs M. V. Johnston</u>		How related to deceased <u>Daughter</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Softening of the Brain</u>		How long <u>65</u> <u>One Year</u>	
		Immediate <u>Weak Heart</u>		How long <u>24</u> <u>Hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F. K. Sisler</u>	
				Address <u>Johnsville, Md.</u>	
		Accident or Suicide?			

P. L. Grossnickle  
Johansville  
N. d.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Louis Phillips</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Montgomery Hospital</i>		Month <i>June</i>		Day <i>28</i>		Age <i>49</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>	
Occupation <i>Labour</i>		Where Residing if not at place of death <i>Montgomery Co</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Regina Phillips</i>					
Father's Name <i>X</i>		Father's Birthplace					
Mother's Maiden Name <i>X</i>		Mother's Birthplace					
Name of person giving information <i>X</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grav. Debility</i>	How long <i>(179)</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyons</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Mountain Hospital* <sup>Town</sup> *Frederick* <sup>County</sup>Date of death 190*6* <sup>Month</sup> *June* <sup>Day</sup> *4* <sup>Years</sup> *72* <sup>Months</sup> *5* <sup>Days</sup> *20*Sex *Female* Color or Race *white* Birth-place *Frederick*Occupation *House wife* Where Residing if not at place of death *Mountain Hospital*Married, Single or Widowed *Married* Name of Wife or Husband *John T. Pickens, deceased*Father's Name *X* Father's Birthplace *X*Mother's Maiden Name *X* Mother's Birthplace *X*Name of person giving information *Miss Shock Nurse* How related to deceased *none*

## CAUSES OF DEATH

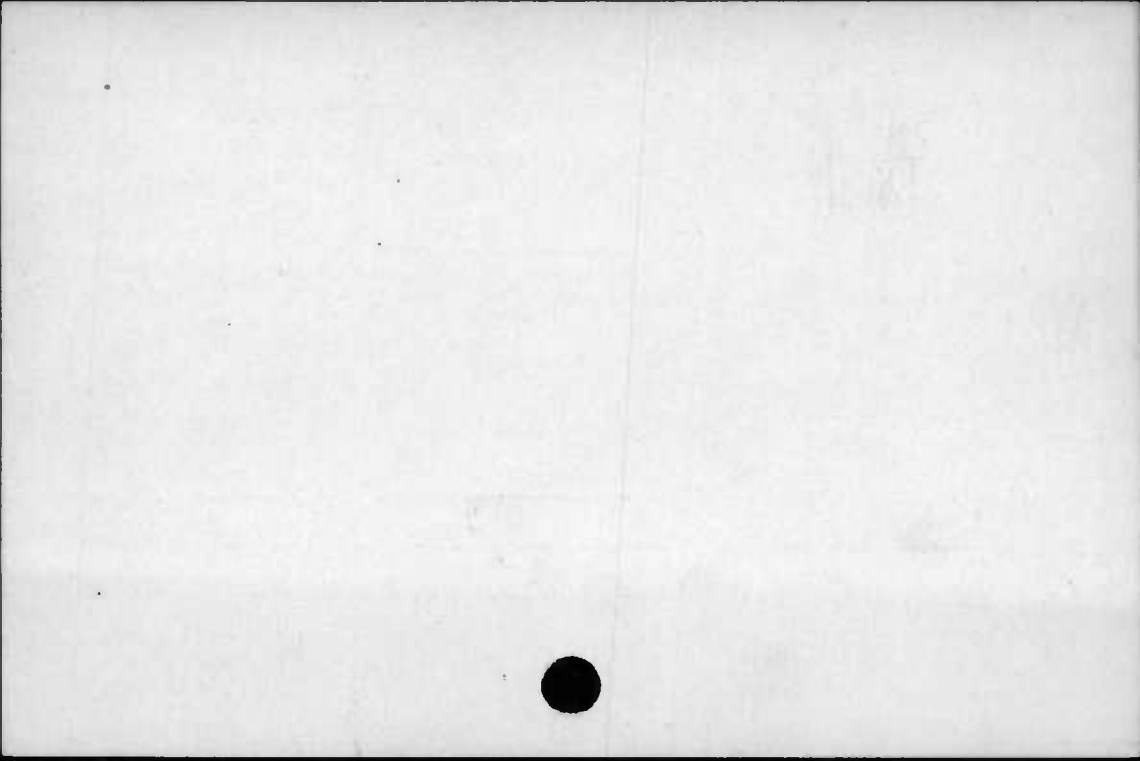
Primary *Senil debility* How long *8 weeks*Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R. S. Lysons*Address *Frederick Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catoctin</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>24</i>	Age <i>34</i>	Years <i>10</i> Months <i>24</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Catoctin</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Grant Ridge</i>				
Father's Name <i>Geo. M. Mref.</i>	Father's Birthplace <i>Catoctin</i>				
Mother's Maiden Name <i>Cath. S. Roberts-</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Grant Ridge</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Thompson</i>
	Address <i>Thurmont, Maryland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Rouzer* Town *Thurmont* County *Fredrick* MARYLAND

Died at *Thurmont* Date of death *1906* Month *June* Day *21* Age *70* Years *1* Months *0* Days

Sex *Male* Color or Race *White* Birth-place *here*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Martha Ella Clugston*

Father's Name *Henry Rouzer* Father's Birthplace *here*

Mother's Maiden Name *Catherine Schlosser* Mother's Birthplace *Washington, Pa.*

Name of person giving information *Robert Rouzer* How related to deceased *Son.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Carcinoma of Stomach* How long *About 1 year*

Immediate *—* How long *40*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. C. Kefauver*

Address *Thurmont, Md.*

Accident or Suicide? *—*





Name  
in  
Full

Margaret Routzahn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ellerton		County Frederick		MARYLAND	
Date of death		Month June	Day 21	Years Age	83	Months 10	Days 7
Sex Female		Color or Race white		Birth-place			
Occupation Farmers Widow				Where Residing if not at place of death —			
Married, Single or Widowed Widowed		Name of Wife or Husband Joshua Routzahn (Dead)					
Father's Name John Jacob Routzahn		Father's Birthplace					
Mother's Maiden Name Catherine Floyd		Mother's Birthplace					
Name of person giving information Mrs Caroline Johnson		How related to deceased Sister					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility.	How long	—
Immediate	Pneumonia	How long	One week
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician B. H. Hoke M.D.	
		Address Myersville Md.	
Accident or Suicide?			



Name  
in  
Full

E. N. Runkels

## CERTIFICATE OF DEATH

Died at *E. N. Runkels* <sup>Town</sup>*Frederick* <sup>County</sup>

MARYLAND

Date of death *1906* <sup>Month</sup> *June*Day *20*Age *62* <sup>Years</sup>Months *1*

Days

Sex *Male*Color or Race *white*Birth-place *Montgomery Co*Occupation *Farmer*Where Residing if not at place of death *Near Thurmont Md*Married, Single or Widowed *Single*Name of Wife or Husband *Eleanor Buck*Father's Name *Joseph Runkels*Father's Birthplace *—*Mother's Maiden Name *Arabella Grimes*Mother's Birthplace *—*Name of person giving information *Mr. G. Gaver*How related to deceased *Son in Law*

## CAUSES OF DEATH

40

Primary *Malignant disease of stomach*How long *Number of years*Immediate *Perforations Anemia*How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above?

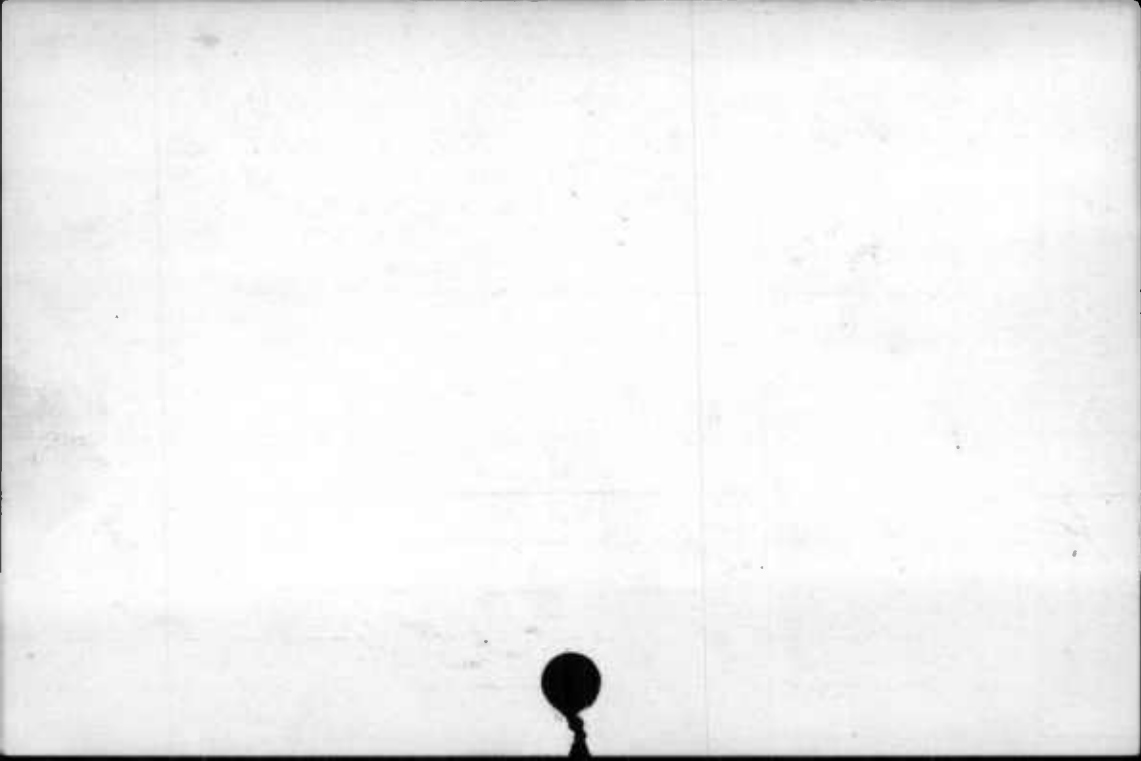
Signature of Physician

Address

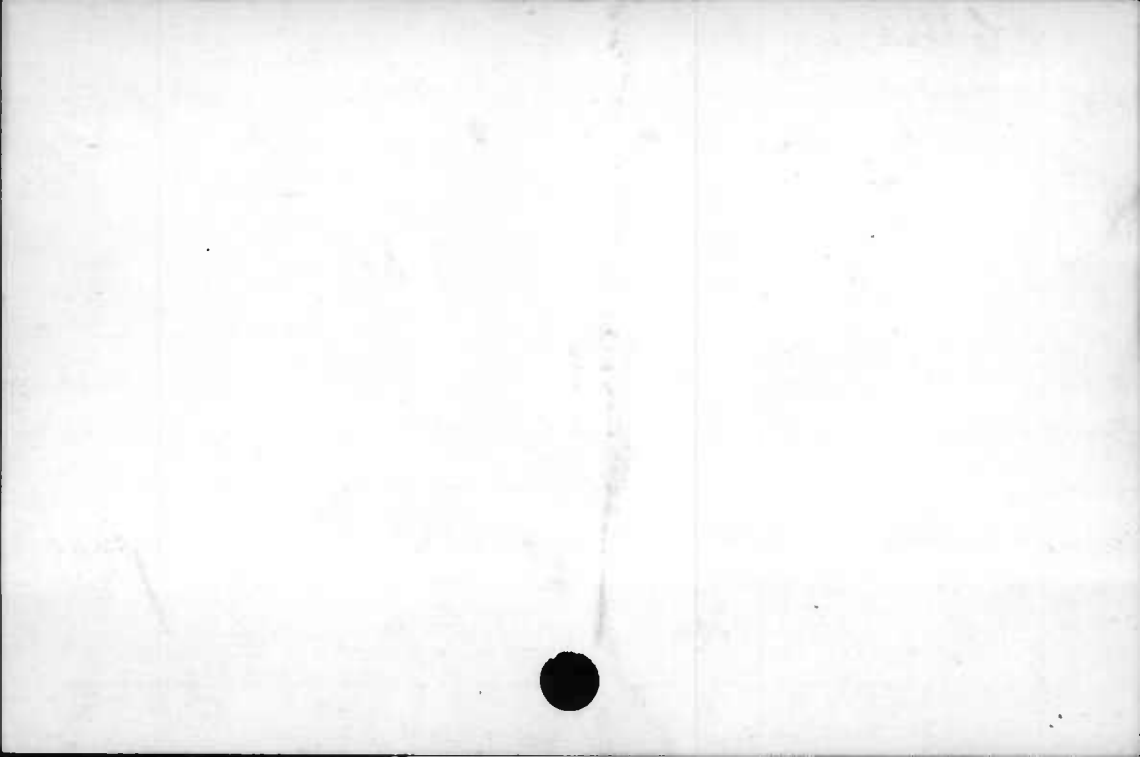
*James R. Malin M.D.*  
*Thurmont Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Catharine Schwarber.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Johnsville,</i>		Town <i>Frederick</i>		County <i>MARYLAND</i>		
	Date of death	1906	Month	June	Day	6	Age
	Sex		Female		Color or Race		White
	Occupation		none		Where Residing if not at place of death		
	Married, Single or Widowed		Widow		Name of <del>wife</del> or Husband		
	Father's Name		Jno. C. Schwarber		Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Saml. S. Schwarber		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate		Paralysis.		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		had been bedridden 10 months		
	Signature of Physician		John J. Liggett, M. D.		Address		
	Address		Ladiesburg, Md.				
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

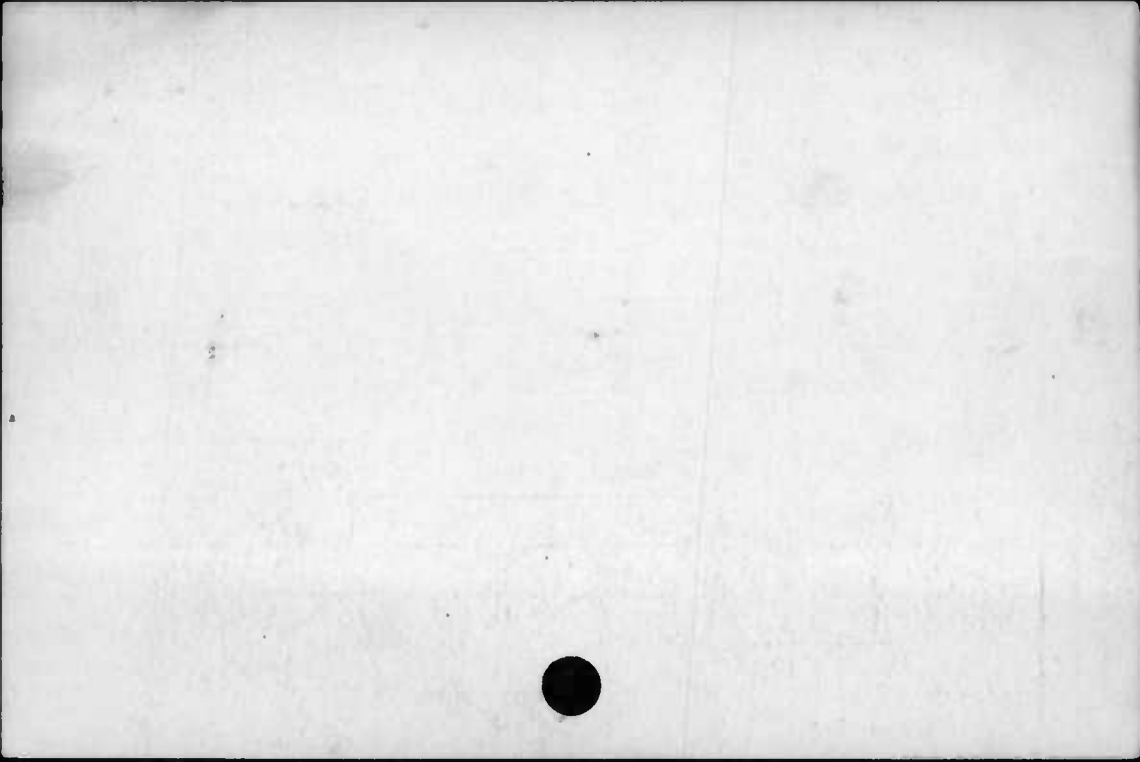
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>William Shank</b>		Town <b>Myersville</b>		County <b>Frederick</b>		MARYLAND	
Died at <b>Myersville</b>		Month <b>June</b>		Day <b>10</b>		Years <b>78</b>	
Date of death <b>1906</b>		Months <b>2</b>		Days <b>2</b>			
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Myersville</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>at home</b>					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>I</b>					
Father's Name <b>Joseph Shank</b>		Father's Birthplace <b>Myersville</b>					
Mother's Maiden Name <b>Catharine Putroen</b>		Mother's Birthplace <b>Myersville</b>					
Name of person giving information <b>Joseph Shank</b>		How related to deceased <b>son</b>					

CAUSES OF DEATH

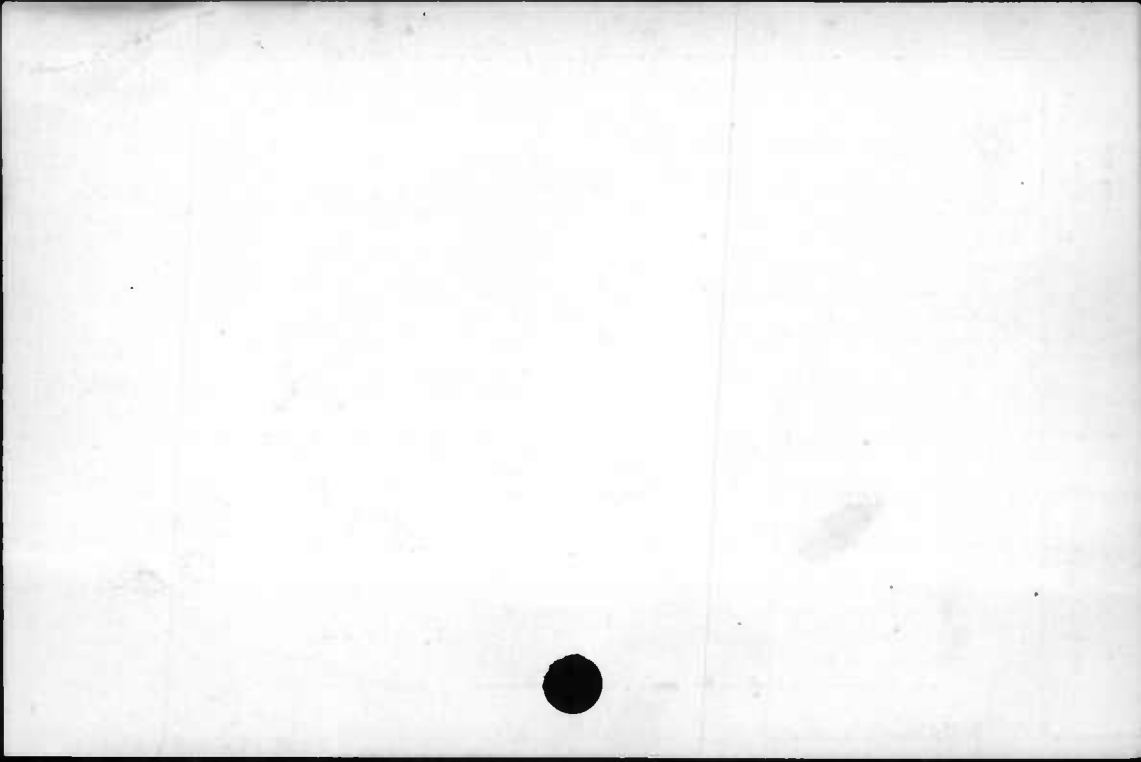
PHYSICIAN  
OR CORONER

Primary <b>Epithelioma</b>		How long <b>3 yrs.</b>	
Immediate <b>Exhaustion</b>		How long <b>2 mo</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>Ralph Brown</b>	
		Address <b>Myersville, Md.</b>	
Accident or Suicide?			





Name in Full		Elsie Marie Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Middletown	County Frederick		MARYLAND	
	Date of death	1906	Month June	Day 21st	Age	Years	Months 6 Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Harrison Smith		Father's Birthplace	
	Mother's Maiden Name			Ida Helena Lewis		Mother's Birthplace	
Name of person giving information			How related to deceased				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Premature Birth		How long		151
	Immediate		Heart failure		How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
	Accident or Suicide?			J. A. Lamon M.D. Middletown Md.			



Name  
in  
Full

Chas J. Stultz Jr

CERTIFICATE OF DEATH

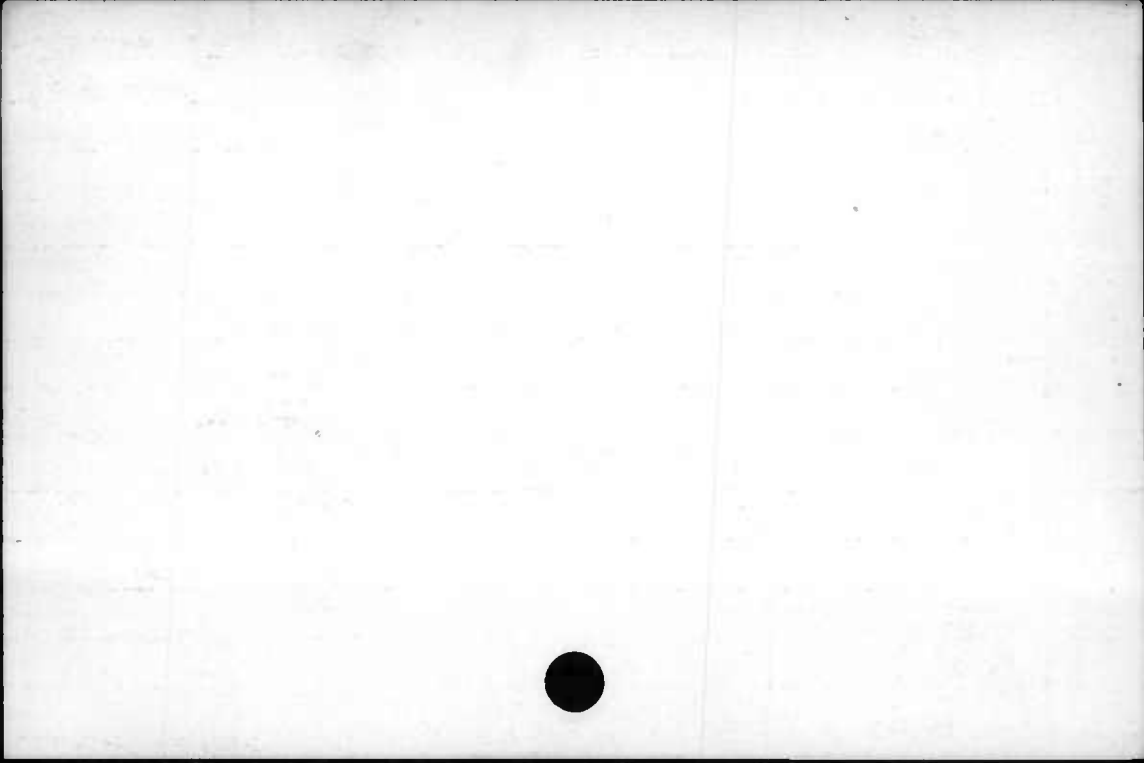
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Brunswick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	June	Day	30	Age	6
Sex	Male	Color or Race	White	Birth-place	MD	Months	9
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Chas J. Stultz Sr					Father's Birthplace	Ky
Mother's Maiden Name	Lottie Stalford					Mother's Birthplace	W Va
Name of person giving information	Chas J. Stultz Jr					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fall from bridge	How long	166
Immediate	Cerebral Congestion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Jr		J. H. Horne	
Address		Brunswick	
Accident or Suicide?		MD	



Name  
in  
Full

Lucinda Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Danbs</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>4</i>	<i>6</i> <sup>Month</sup>	<i>29</i> <sup>Day</sup>	Age <i>90</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>22</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Occupation		Birth- place	
Married, Single or Widowed <i>widow</i>					
Name of Wife or Husband <i>Charles L. M. Walter</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Jesse Carey</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. H. Bouley</i>
<i>Yes</i>	Address <i>Albany</i>
Accident or Suicide?	



Name  
in  
Full

Luther Day Warfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hyattstown</i>		Town		County <i>J</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>6</i>	Day	<i>24</i>	Age	<i>54</i> Years
Sex	<i>Male</i>		Color or Race	<i>Wh</i>		Birth-place	
Occupation	<i>Groom</i>		Where Residing if not at place of death		<i>X</i>		
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband					
Father's Name	<i>Garrison Warfield</i>					Father's Birthplace	<i>Co</i>
Mother's Maiden Name	<i>Caroline Lewis</i>					Mother's Birthplace	<i>Co</i>
Name of person giving information	<i>Nicie Warfield</i>					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Aortic Stenosis</i>	How long	<i>1 Year</i>
Immediate	<i>Heart Disease</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. F. Gooden. MD</i>
		Address	<i>Fredricks md</i>
Accident or Suicide?	<i>No</i>		

Hayathston



Name  
in  
Full

CERTIFICATE OF DEATH

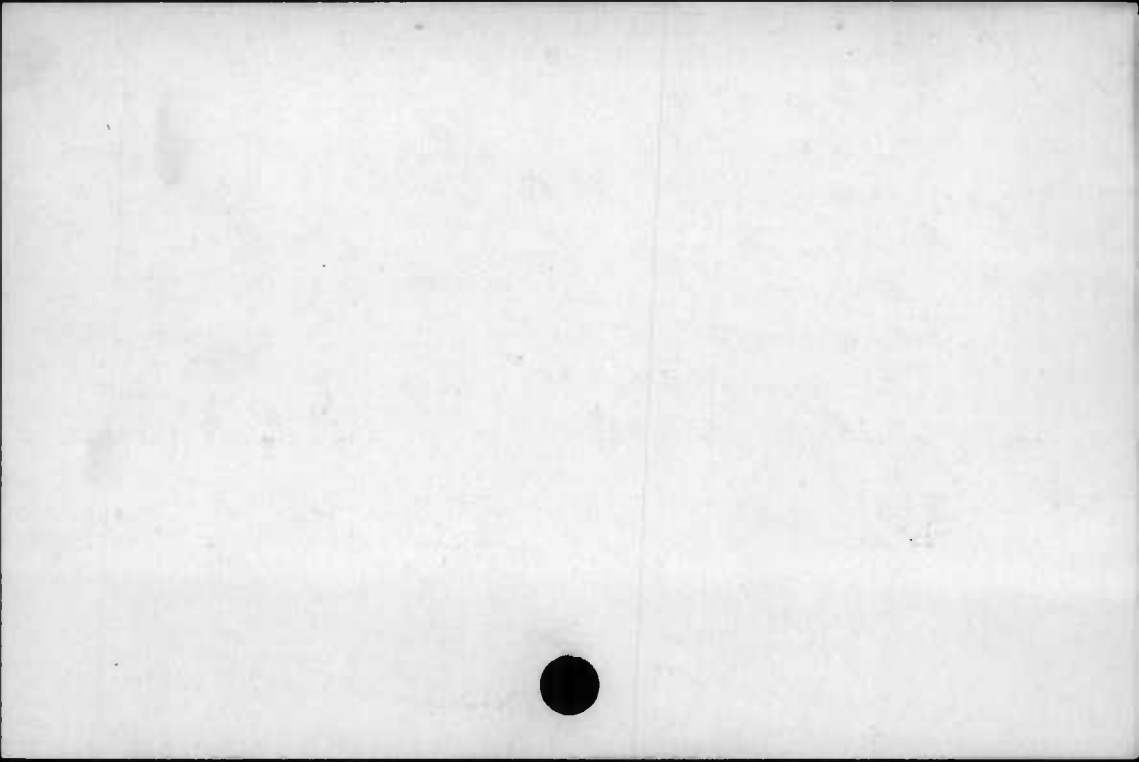
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Narcie Almegia Welty</i>		Town <i>Fredesick</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>13</i>		Years <i>18</i>	
Date of death <i>1906</i>		Months <i>3</i>		Days <i>17</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>City</i>			
Occupation <i>House Maid</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jacob H. Welty</i>		Father's Birthplace <i>F. Co. Md.</i>					
Mother's Maiden Name <i>Amanda C. Peasey</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Mrs Welty</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>15 1/2 hours</i>	
Immediate <i>Shock</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. G. McComas</i>	
		Address <i>Fredesick</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

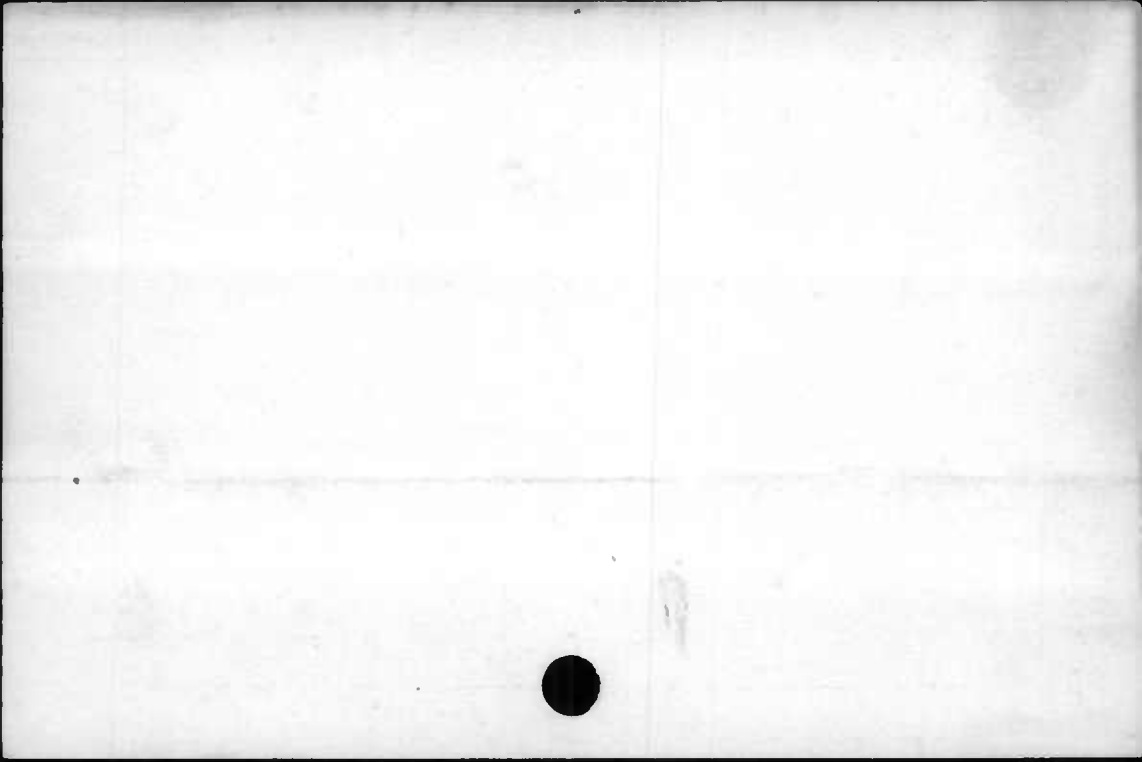
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Halltown</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Month</sup>	<i>June</i> <sup>Day</sup>	<i>7th</i> <sup>Years</sup>	<i>one</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Halltown</i>
Occupation			Where Residing If not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Daniel Webster Whitten</i>			Father's Birthplace	<i>Fred's Co</i>
Mother's Maiden Name	<i>Gertrude Harfer</i>			Mother's Birthplace	<i>Fred's Co</i>
Name of person giving information	<i>Gertrude Whitten</i>			How related to deceased	<i>Mother,</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cold</i>	How long	<i>91</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>Eight days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes,</i>	Signature of Physician	<i>J. S. Thomas</i>
		Address	<i>Adams town, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Sarah E Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Fredensh <sup>Town</sup> County

Date of death 1906 <sup>Month</sup> Jun <sup>Day</sup> 29th <sup>Years</sup> 32 <sup>Months</sup> 4 <sup>Days</sup> 7

Sex Female Color or Race White Birth-place Ind

Occupation H. H. Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Charles H. Miller

Father's Name William McDevitt Father's Birthplace Ind

Mother's Maiden Name Elizabeth Mother's Birthplace Ind

Name of person giving information Sam Miller How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Abortion 1304 How long 2 weeks

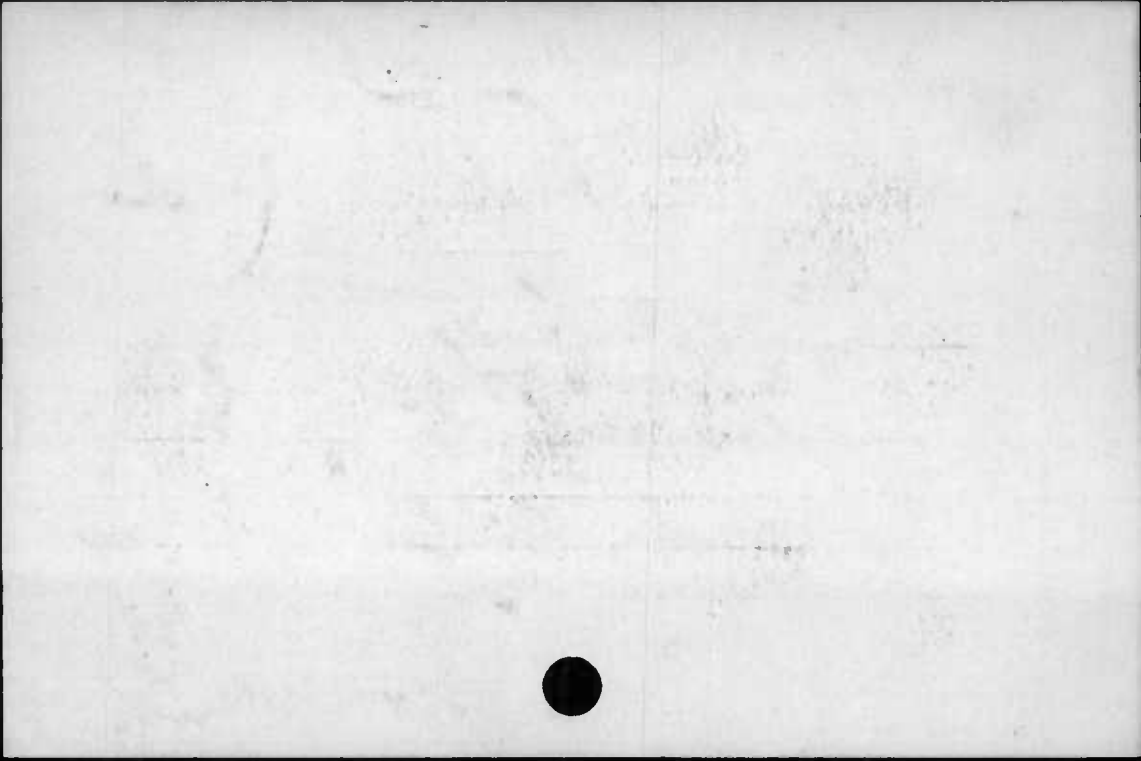
Immediate Peritonitis How long 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank Hedger

Address Fredensh

Accident or Suicide? ✓



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Frederick County  
 Date of death 1906 Month June Day 6th Age 120 Years Months 8 Days hours  
 Sex Male Color or Race White Birth-place Ind  
 Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_  
 Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
 Father's Name George Melville Father's Birthplace Pa  
 Mother's Maiden Name Annie Harkness Mother's Birthplace Ind  
 Name of person giving information Geo. Melville How related to deceased Father

CAUSES OF DEATH

(152)

PHYSICIAN  
OR CORONER

Primary Hard Labor How long 8 hours  
 Immediate Accidents How long 8 hours  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Dr. Hedger  
 Address Frederick  
 Accident or Suicide? \_\_\_\_\_





Died at

1406

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

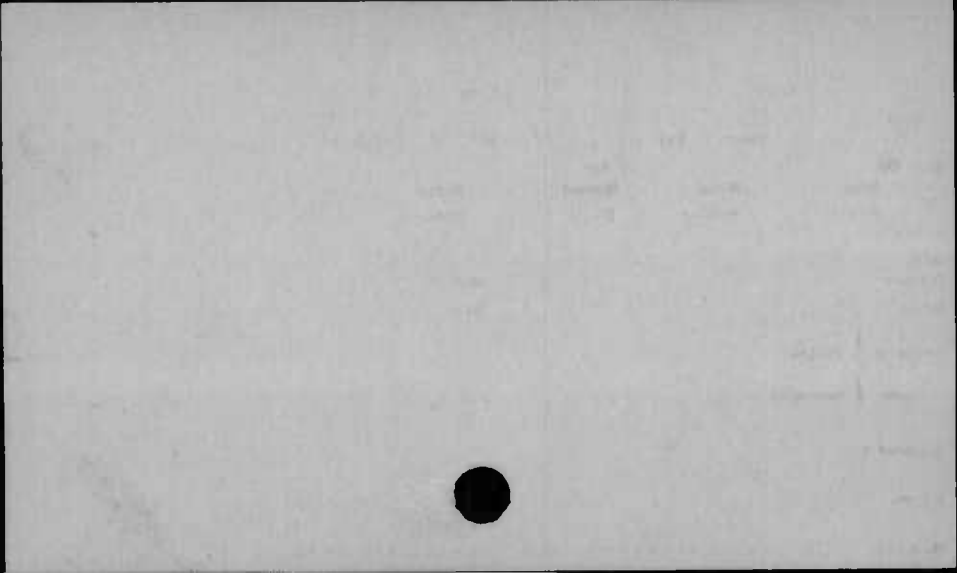
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any, in attendance, otherwise by coronor, undertaker or minister.



Name  
in  
Full

Walter L. Wine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Pk of Rock <sup>County</sup> Fredrick  
 Date of death 1906 <sup>Month</sup> June <sup>Day</sup> 5 <sup>Age</sup> 21 <sup>Years</sup> 3 <sup>Months</sup> 24 <sup>Days</sup>  
 Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Virginia  
 Occupation Laborer <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> -  
 Father's Name James W Wine <sup>Father's Birthplace</sup> Virginia  
 Mother's Maiden Name Annie Shoffe <sup>Mother's Birthplace</sup> Virginia  
 Name of person giving information James W Wine <sup>How related to deceased</sup> Walter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Killed by Car. (166) <sup>How long</sup>  
 Immediate <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. S. Hedges  
 Brunswick Md

Accident or Suicide?

←  
Loraltsoelle va

Name  
in  
Full

William J. Norman

## CERTIFICATE OF DEATH

Died at Willow Glen

Town

Frederick

County

MARYLAND

Date  
of death 1906

Month 6

Day 10

Age

Years 66

Months 3

Days 28

Sex

Male

Color or  
Race

White

Birth-  
place

F. Co. Md

Occupation

Miller

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary J. Brower

Father's  
Name

Andrew O. Norman

Father's  
Birthplace

F. Co. Md

Mother's  
Maiden Name

Sophia Cronice

Mother's  
Birthplace

" " "

Name of person giving  
In formation

MRS. Norman

How related  
to deceased

Widow

## CAUSES OF DEATH

Primary

Diabetes Mellitus (50)

How long

Several years

Immediate

Coma

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. S. Maynard

Address

17 Second St W

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

